AUGUST 1991 State: <u> </u>	Page 14a OMB No.: 0938- 	
Agency* Citation (s) Groups Covered	
42 CFR 435.223 <u></u>	B. Optional Groups Other Than the (Continued) 9. Individuals described below for AFDC if coverage under were as broad as allowed un	who would be eligible the State's AFDC plan
1902(a)(10) (A)(11) and 1905(a) of the Act	Individuals under the ag 21201918Caretaker relativesPregnant women	e of

ATTACHMENT 2.2-A

Revision: HCFA-PM-91-4 (BPD)

TN No. <u>92-//</u> Supersedes TN No.	Approval Date JUN 05 1992	Effective Date 1 1991
IN NO		HCFA ID: 7983E

Revision: HCFA-PM-91-4

Agency*

AUGUST 1991

Citation(s)

(BPD)

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State: Maryland

Groups Covered

B. Optional Groups Other Than the Medically Needy (Continued)

 $\sqrt{X/}$ 10. 42 CFR 435.230 States using SSI criteria with agreements under sections 1616 and 1634 of the Act.

> The following groups of individuals who receive only a State supplementary payment (but no SSI payment) under an approved optional State supplementary payment program that meets the following conditions. The supplement is--

- Based on need and paid in cash on a regular a. basis.
- b. Equal to the difference between the individual's countable income and the income standard used to determine eligibility for the supplement.
- c. Available to all individuals in the State.
- d. Paid to one or more of the classifications of individuals listed below, who would be eligible for SSI except for the level of their income.
- X (1) All aged individuals.
- _X_ (2) All blind individuals.
- (3) All disabled individuals.

TN No. <u>92-11</u>	7.14 00 1997	MOV 0 1 1991
Supersedes TN No. 87-10	Approval Date	Effective Date
TN No. <u>87-10</u>		
		HCFA ID: 7983E

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State: Maryland

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Agency* Citation(s)	Citation(s)		Groups Covered			
	B. Optional		ps Other Than the Medically Needy			
		X	(4)	Aged individuals in domiciliary facilities or other group living		
42 CI	FR 435.230	*	(5)	arrangements as defined under SSI. Blind individuals in domiciliary facilities or other group living arrangements as defined under SSI.		
		<u> </u>	(6)	Disabled individuals in domiciliary facilities or other group living arrangements as defined under SSI.		
			(7)	Individuals receiving a Federally administered optional State supplement that meets the conditions specified in 42 CFF +35.230.		
			(8)	Individuals receiving a State administered optional State supplement that meets the conditions specified in 42 CFR 435.230.		
		_	(9)	Individuals in additional classifications approved by the Secretary as follows:		

TN No. 92-//
Supersedes
TN No. 87-/0
Approval Date JUN 05 1992

Effective Date 0 1 1991

Revision: HCFA-PM-91-4 (BPD) ATTACHMENT 2.2-A AUGUST 1991 Page 16a OMB NO.: 0938-State: Maryland Agency* Citation(s) Groups Covered B. Optional Groups Other Than the Medically Needy (Continued) The supplement varies in income standard by political subdivisions according to cost-of-living differences. Yes. X No. The standards for optional State supplementary payments are listed in Supplement 6 of ATTACHMENT 2.6-A.

TN No. <u>92-//</u> Supersedes	Approval Date JUN U5 1992	NOV 0 1 1991 Effective Date
TN No.		HCFA ID: 7983E

gevision:	HCFA-PM-91 AUGUST 1991	- 4	(BPD)		ATTACHMENT 2.2-A Page 17 OMB NO.: 0938-
	State: _	Mai	yland		
Agency*	Citation(s)			Groups Cove	red
			Optional Gro	ups Other Than	the Medically Needy
42 CFR 435.230 435.121 1902(a)(10)		<u></u>	11. <u>Section</u> without of the	agreements und	and SSI criteria States er section 1616 or 1634
(A)(ii	i)(XI) e Act		a State optiona that me	supplementary l State supplement	f individuals who receive payment under an approved entary payment program ng conditions. The
			a. Base basi		aid in cash on a regular
	·		indi stan	vidual's countai	ence between the ble income and the income termine eligibility for
				sification and	dividuals in each available on a Statewide
				to one or more ndividuals list	of the classifications ed below:
			(1)	All aged indi	viduals.
			(2)	All blind ind	ividuals.
			(3)	All disabled	individuals.
			₹4 ••		• •
	12-11		JUN	05 1992	Effective Date 7 0 1 1991
Supersede TN No	88-1 Apr	prova	Date		UCEN ID. 7007F

ATTACHMENT 2.2-A (BPD) Revision: HCFA-PM-91-4 Page 18 AUGUST 1991 OMB NO.: 0938-State: _Maryland Groups Covered Citation(s) Agency* Optional Groups Other Than the Medically Needy (Continued) X (4) Aged individuals in domiciliary facilities or other group living arrangements as defined under SSI. X (5) Blind individuals in domiciliary facilities or other group living arrangements as defined under SSI. Disabled individuals in domiciliary (6) facilities or other group living arrangements as defined under SSI. Individuals receiving federally administered optional State supplement (7) that meets the conditions specified in 42 CFR 435.230. (8) Individuals receiving a State administered optional State supplement that meets the conditions specified in 42 CFR 435.230. Individuals in additional (9)

TN No. 42-11
Supersedes Approval Date JUN 05 1992
TN No. _____

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Effective Date ______ 1991

classifications approved by the

Secretary as follows:

Revision: HCFA-PM-91-4 AUCUST 1991

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State: Maryland

Agency* Citation(s)

Groups Covered

Optional Groups Other Than the Medically Needy В. (Continued)

> The supplement varies in income standard by political subdivisions according to cost-of-living differences.

Yes

<u>X</u> No

The standards for optional State supplementary payments are listed in Supplement 6 of ATTACHMENT 2.6-A.

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Effective Date 10V 0 1 1991

Revision:

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August 1991

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OMB No.: 0938-

	State: _	Mar	yland	
Agency •	Citation(s)			Groups Covered
		В.		nal Groups Other Than the Medically Needy nued)
42 CFR 435 1902 (a)(10 (A)(ii)(V) of the Act		×	12.	Individuals who are in institutions for at least 30 consecutive days and who are eligible under a special income level. Eligibility begins on the first day of the 30 day period. These individuals meet the income standards specified in Supplement 1 to <u>ATTACHMENT 2.6-A</u> .
			X	The State covers all individuals as described above.
				The State covers only the following group or groups of individuals:
1902 (a)(10 (ii) and 1905 of the Act				Aged Blind Disabled Individuals under the age of 21 20 19 18 Caretaker relatives Pregnant women

TN No. 99-4 Supersedes TN No. 92-11

Approval Date APR 0 5 1959 ective Date JAIN 01 1999

evision:

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(BPD)

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State: ____Maryland_

OMB NO.: 0938-

Agency* Citation(s) Groups Covered

B. Optional Groups Other Than the Medically Needy (Continued)

1902(e)(3) of the Act

Certain disabled children age 18 or 13. under who are living at home, who would be eligible for Medicaid under the plan if they were in a medical institution, and for whom the State has made a determination as required under section 1902(e)(3)(B) of the Act.

> Supplement 3 to ATTACHMENT 2.2-A describes the method that is used to determine the cost effectiveness of caring for this group of disabled children at home.

1902(a)(10) (A)(ii)(IX) and 1902(1) of the Act

7

The following individuals who are not 14. mandatory categorically needy whose income does not exceed in income level (established at an amount above the mandatory level and not more than 185 percent of the Federal poverty income level) specified in Supplement 1 to ATTACHMENT 2.6-A for a family of the same size, including the woman and unborn child or infant and who meet the resource standards specified in Supplement 2 to ATTACHMENT 2.6-A:

Women during pregnancy (and during the 60-day period beginning on the last day of pregnancy); and

b. ... Infants under one year of age.

TN No. Supersedes Approval Date TN No.

NOV 0 1 1 **Effective Date**

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Agency* Cita	tion(s)			Groups Covere	ed .
		B. Optio	nal Groups (inued)	Other Than the	Medically Needy
1902(a) (10)(A) (ii)(IX) and 1902(1) (D) of the		ma th (e: of Su	ndatory cate at does not stablished a the Federal	exceed the in it an amount u poverty leve of ATTACHMENT	dy, who have income
		and	ildren who a i who have a t attained	ttained 6 yea	September 30, 1983 rs of age but have
			7 years	of age; or	
			8 years	of age.	

TN No. 92-11 Supersedes TN No.	Approval	Date	JUN 0.5 19	92

Effective DNGV 0 1 1991